



Student will be entering grade: _____

Anticipated Start Date: _____

STUDENT INFORMATION

Student's Name: _____

First

Middle

Last

Student's Address: _____

City/State/Zip: _____

Student's Telephone Number: _____ School Most Recently Attended: _____

School Address: _____ Grades Attended/Dates: _____

In What School District Does the Student Reside? _____

Age: _____ Date of Birth: _____ Gender: M / F _____

Religious Affiliation: _____ Parish Attended by Family: _____

PARENT /GUARDIAN INFORMATION

Parents/Guardians are {circle one} married/separated/divorced/widowed/other _____

Student Lives With: _____

Mother's Name (Ms./Mrs./Miss/Dr.): _____

Address (if different from student's): _____

Home Phone: _____ Cell Phone: _____ Email: _____

Mother's Employer: _____ Position: _____

Business Address: _____

Business Phone: _____ May We Contact You At This Number: _____

Father's Name (Mr./Dr.): _____

Address (if different from student's): _____

Home Phone: _____ Cell Phone: _____ Email: _____

Father's Employer: _____ Position: _____

Business Address: _____

Business Phone: _____ May We Contact You At This Number: _____

FINANCIAL ASSISTANCE

Are you applying for financial assistance? _____ If yes, did you receive the financial assistance application? _____

Financial responsibility for the student will be assumed by: _____

ADDITIONAL INFORMATION

Please list student's brothers and sisters.

Name	Date of Birth	School Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of Paternal Grandparents: _____

Address: _____

Telephone: _____

Name of Maternal Grandparents: _____

Address: _____

Telephone: _____

Relatives of applicant who are attending or have attended Stella Niagara:

STELLA NIAGARA EDUCATION PARK ACCEPTS QUALIFIED STUDENTS OF ALL RACES, COLORS, RELIGIONS, AND NATIONAL OR ETHNIC ORIGINS.

Date: _____ Signature: _____

(Please include a \$50.00 non-refundable application fee with your completed application form for each student.)